

INTRODUCTORY REMARKS*

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I welcome you on behalf of the New York Academy of Medicine, the Committee on Public Health, and the Regional Center for Clinical Nutrition Education.

This conference is sponsored by the New York-New Jersey Regional Center for Clinical Nutrition Education, established in 1981 with a grant from the National Cancer Institute of the National Institutes of Health to the New York Academy of Medicine. I view the two major objectives of this conference as: first, to solicit your suggestions on how we can improve nutrition teaching in medical schools and, second, to stimulate faculty members and associated staff who have responsibility for nutrition teaching and its integration into the curriculum from the first to fourth years.

The objectives are not new ones; they have been repeated at every conference on nutrition teaching with which I am familiar.

The American Medical Association held a conference in Chicopee, Massachusetts, in 1982.¹ One of the recommendations was: "A medical school should place authority in individuals or committees with the responsibility to propose to the curriculum committee an integrated, well-rounded teaching program in nutrition." Ten years later the AMA held another conference at Williamsburg² which issued a series of recommendations, a few of which I quote:

Each medical school should define the knowledge of and training in nutrition to be integrated into its curriculum.

Medical schools are encouraged to develop and require, as part of the core

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curriculum, a basic nutrition course that focuses on fundamental aspects of the science of nutrition.

Attractive, competitive electives in nutrition should be available to the undergraduates.

During his clinical experience, the medical student should, by precept, learn that applied nutrition is an intrinsic part of the clinical assessment and management of patients.

The Diet, Nutrition and Cancer Program sponsored a workshop on The Physician's Education in Cancer Nutrition in June 1979, at which a series of problems were identified, including "a lack of prepared nutrition faculty [members] to serve as educators and role models," "a lack of quality teaching aids in nutrition," and "a lack of educational-evaluation mechanisms."³

In the fall of 1981 there was a national conference in Washington on Nutrition Education in Health Profession Schools.⁴ This turned out to be a funeral ceremony for 13 grants awarded by the federal government through the Office of Health Care Administration and Health Manpower to some 13 health profession schools, including some medical schools. These were to have been three year grants but, at the end of the second year, the Administration cut off all the funds and closed down the office which was administering these programs. To my knowledge, the studies which these schools had performed during the two years of the grant have never been published. I am sure we could have learned something from their activities.

Other conferences and other reports on nutrition education have tended to state the same goals. So, the question must be asked, "Why should we have another conference on the subject?" I believe there are some good and sufficient reasons for this conference. First of all, it is a regional conference, not a national conference, and is attended by faculty and other staff members who work in New York City metropolitan and northern New Jersey areas. This region has 10 medical schools, five dental schools, and two osteopathic medical schools, and constitutes the 'greatest concentration of health education in the world. Because we share a moderately compact common geographic area, members of the faculties have gotten to know each other during the one and a half years which this Center has existed. Consequently, we can talk on a personal basis to each other and attend meetings fairly easily. Instead of having one meeting and then going our separate ways, we shall use this conference as one step in achieving common objectives, and we shall review its deliberations in further discussions within each school and in the region.

I believe that increasing numbers of faculty members are beginning to appreciate that there must be increasing movement toward interdisciplinary and interdepartmental teaching. Nutrition is just one of the subjects which cut across departmental lines. In addition to nutrition, one can mention others such as drug and alcohol abuse (probably the major public health problem in the United States), oncology, human sexuality, geriatrics, and ethics—all of which cut across department lines and which also fail to receive the integrated teaching effort which is needed. Hence, this is a good time to begin to re-emphasize the importance of integrating nutrition to a greater degree into the medical curriculum as a model for the teaching of interdisciplinary subjects.

REFERENCES

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